SERIAL:NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/049272 CLAIMS AFTER 2nd AMENDMENT AS FILED AFTER IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INC DEP. :0 <u>:3</u> (i): 5 :6 :7 :9 <u> 20</u> <u> 71</u> <u>J</u>5 <u>J6</u> X 23 30 4/3 /ô ō /AL MAL 261 NF MAY BE __ SD FOR ADDITIONAL CLAIMS OR AMENDMENTS . US DEPARTMENT SI COMMERCE